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CERTIFICATION OF FACSIMILE TRANSMISSION

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DATE: April 21, 2005

Kathleen E. Marsman
Kathleen E. Marsman
Registration No.: 48,121

TO THE ATTENTION OF: Nicholas J. Panaro
MAIL STOP: MAIL STOP AMENDMENT
COMPANY: United States Patent and Trademark Office
CITY: Arlington, Virginia, U.S.A.
FAX NUMBER: 703-872-9306
DATE / TIME: April 21, 2005
FROM: Kathleen E. Marsman
DIRECT DIAL: (613) 237-5160
OUR FAX NUMBER: (613) 787-3558

RE: United States Patent Appln No. 10/089,220
Title: TRAVERSE SHEAR MODE PIEZOELECTRIC
CHEMICAL SENSOR
Inventor(s): THOMPSON, Michael; HAYWARD Gordon, L.
Our File: PAT 457W-2 US

NUMBER OF PAGES, INCLUDING THIS PAGE: 18
CONFIRMATION TO FOLLOW: NONE

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PTO/SB/21 (09-04)

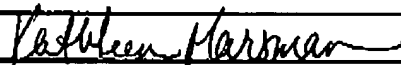
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/089,220	
	Filing Date	September 29, 2000	
	First Named Inventor	Michael Thompson et al.	
	Art Unit	2858	
	Examiner Name	Nicholas J. Panaro	
Total Number of Pages in This Submission	17	Attorney Docket Number	PAT 457W-2

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Firm Name	Borden Ladner Gervais LLP		
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Printed name	Kathleen E. Marsman		
Date	April 21, 2005	Reg. No.	48,121

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete If Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/089,220
		Filing Date	September 29, 2000
		First Named Inventor	Michael Thompson et al.
		Examiner Name	Nicholas J. Panaro
		Art Unit	2858
TOTAL AMOUNT OF PAYMENT (\$) 225.00		Attorney Docket No.	PAT 457W-2

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20 - 20 or HP = _____ x _____ = _____						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>			
HP = highest number of independent claims paid for, if greater than 3 - 3 or HP = _____ x _____ = _____						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition for Two-month Extension of Time

Fees Paid (\$)\$225.00**SUBMITTED BY**

Signature	<u>Kathleen Marsman</u>	Registration No. (Attorney/Agent)	48,121	Telephone	613-237-5160
Name (Print/Type)	Kathleen E. Marsman	Date	April 21, 2005		

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